

**State of Delaware
Group Health Insurance Program
New Rates Effective January 1, 2013**

| | Total Monthly Rate | State Pays | Employee/ Pensioner Contributions |
|--|-----------------------------------|-------------------|--|
| BCBSD First State Basic Plan | | | |
| Employee | \$514.56 | \$493.98 | \$20.58 |
| Employee & Spouse | \$1,064.66 | \$1,022.08 | \$42.58 |
| Employee & Child(ren) | \$782.20 | \$750.92 | \$31.28 |
| Family | \$1,330.86 | \$1,277.64 | \$53.22 |
| Aetna CDH Gold | | | |
| Employee | \$532.56 | \$505.94 | \$26.62 |
| Employee & Spouse | \$1,104.26 | \$1,049.06 | \$55.20 |
| Employee & Child(ren) | \$813.70 | \$773.02 | \$40.68 |
| Family | \$1,402.86 | \$1,332.72 | \$70.14 |
| BCBSD CDH Gold | | | |
| Employee | \$532.56 | \$505.94 | \$26.62 |
| Employee & Spouse | \$1,104.26 | \$1,049.06 | \$55.20 |
| Employee & Child(ren) | \$813.70 | \$773.02 | \$40.68 |
| Family | \$1,402.86 | \$1,332.72 | \$70.14 |
| Aetna HMO | | | |
| Employee | \$537.22 | \$502.30 | \$34.92 |
| Employee & Spouse | \$1,132.64 | \$1,059.02 | \$73.62 |
| Employee & Child(ren) | \$821.80 | \$768.38 | \$53.42 |
| Family | \$1,413.30 | \$1,321.44 | \$91.86 |
| BCBSD BlueCARE® HMO | | | |
| Employee | \$537.66 | \$502.72 | \$34.94 |
| Employee & Spouse | \$1,136.22 | \$1,062.38 | \$73.84 |
| Employee & Child(ren) | \$822.62 | \$769.16 | \$53.46 |
| Family | \$1,417.62 | \$1,325.48 | \$92.14 |
| BCBSD Comprehensive PPO Plan | | | |
| Employee | \$587.46 | \$509.62 | \$77.84 |
| Employee & Spouse | \$1,219.04 | \$1,057.52 | \$161.52 |
| Employee & Child(ren) | \$905.38 | \$785.42 | \$119.96 |
| Family | \$1,523.98 | \$1,322.06 | \$201.92 |
| BCBSD Medicare Supplement for Pensioners Retired Prior to July 1, 2012 | | | |
| Special Medicfill with Prescription | \$338.30 | \$338.30 | \$0.00 |
| Special Medicfill without Prescription* | \$191.76 | \$191.76 | \$0.00 |
| <small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small> | | | |
| BCBSD Medicare Supplement for Pensioners Retired After July 1, 2012 | | | |
| Special Medicfill with Prescription | \$338.30 | \$321.38 | \$16.92 |
| Special Medicfill without Prescription* | \$191.76 | \$182.18 | \$9.58 |
| <small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small> | | | |
| Dominion Dental HMO | | | |
| Employee | \$22.68 | \$0.00 | \$22.68 |
| Employee & Spouse | \$42.14 | \$0.00 | \$42.14 |
| Employee & Child(ren) | \$45.42 | \$0.00 | \$45.42 |
| Family | \$61.66 | \$0.00 | \$61.66 |
| Delta Dental PPO plus Premier | | | |
| Employee | \$31.62 | \$0.00 | \$31.62 |
| Employee & Spouse | \$64.54 | \$0.00 | \$64.54 |
| Employee & Child(ren) | \$63.34 | \$0.00 | \$63.34 |
| Family | \$105.70 | \$0.00 | \$105.70 |
| EyeMed Vision Plan | | | |
| Employee | \$6.12 | \$0.00 | \$6.12 |
| Employee & Spouse | \$9.64 | \$0.00 | \$9.64 |
| Employee & Child(ren) | \$9.84 | \$0.00 | \$9.84 |
| Family | \$15.88 | \$0.00 | \$15.88 |